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**REVOCATION OF POWER OF  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/776,711
Filing Date	12 FEBRUARY 2004
First Named Inventor	MRUGESH SHAH
Art Unit	1637
Examiner Name	STAPLES, MARK
Attorney Docket Number	SHAH-2

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE OF Applicant or Assignee of Record**

Signature

Name

MRUGESH SHAH

Date

JULY 2, 2007

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.

**Revocation of Power of Attorney or Authorization of Agent**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the PTO's electronic filing system in accordance with § 1.6(a)(4).

Dated JULY 2, 2007

Signature: [Signature]

(Allen E. White)

[Signature]  
sent exp. 7/2/07  
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